

# DE COURCY (J. O.)

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ALIMENTARY CANAL.  
TREATMENT.

INTERNAL AND EXTERNAL HYDROTHERAPY.  
MEDICATION.

Read before the St. Clair County, Ill., Medical  
Society, June 7, 1894.

BY

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# DISEASES OF THE ALIMENTARY CANAL. TREATMENT.

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BY JAMES OSBOURN DECOURCY, M.A., M.D.,  
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Cleanliness is said to be next to godliness—a very old adage which I have found to be no less true in the treatment of all diseases which have come under my observation. It is my custom to first make clean my patient, outside and inside so far as practicable, by the free use of pure water and good soap. I have never seen or had a bad result from the use of these agents. I am of the opinion that in many cases all the medicine that is needed is the free, judicious use of water, abstinence from food, plenty of pure air and sunshine.

These agents, together with a clear conception and observation of the laws of hygiene will figure very conspicuously in the future of medicine.

While I am a strong advocate of the free use of water in the practice of medicine, I also have confidence in the therapeutics of drugs, and as I believe, have seen many good results from the intelligent use of them.

In the treatment of disease there are three distinct steps. They are; 1, a correct diagnosis—ascertaining the cause; 2, absolute cleanliness by irrigation internally and the free use of water externally, and by the use of disinfecting agents; 3, repair the damage—heal the wound—restore nature—rather assist nature in her work of reconstruction. This should be done by the skillful use of the tools best adapted to the work to be done.

In treating diseases of the alimentary canal generally, and in the three following cases which I report to you I have endeavored to follow the foregoing principles. My results are all that could be desired. They have been both interesting and profitable to me, and I trust they may be of some interest to this Society.





CASE I.—Miss Mary; aged 29; American; fawn type; medium size and rather stout; was taken at night with pain in lower bowels, followed by watery stools.

I was called in the early morning, March 15. Found her excited and suffering very much pain in the bowels; also complained of severe headache. Temperature was slightly elevated. Pulse regular, but rapid and weak. She gave history of having had several severe attacks of ulcerative colitis, during one of which she came very near to death's door.

There was some tenderness on palpation and percussion over the major part of the abdomen and the bowel was very active in evacuating itself. The stools were thin, and contained mucus with a little blood. When food was taken into the stomach, especially milk, it was usually ejected in curdy masses within a few minutes.

The usual agents were used to abate the pain, to check the vomiting; also to restore the bowel to its normal condition.

The pain was greatly reduced and the rebellious condition of the stomach almost entirely overcome; but the bowel persisted in its active work of draining the system. The stools became offensive, containing more blood and mucus.

A portion of the lining membrane of the intestine about eight inches in length was passed with the feces the fourth day. Having a four ounce bottle of Glycozone, I concluded to try it. So other internal agents were discontinued, and 2-drachm doses of Glycozone given every four hours in a wineglass of water. The bowel was washed out morning and evening with warm soap water, followed by an ounce of tepid water containing a half drachm tinct. opium.

At the end of the first day after beginning the last method of treatment there were marked signs for the better; and the patient expressed herself as feeling less bad. The treatment was continued with constant improvement in the case until the Glycozone was all taken, at which time the bowel and stomach were under good control. Pain was all gone; and after a few days of convalescence the patient made a perfect recovery without any further treatment.

CASE II.—Ely, aged 32, medium-size man, general health uniformly good; a blacksmith by trade. First saw the case with Dr. S. at 4 P. M., March 30.

On arrival at bedside of patient, I found him in what seemed to

be a semi-comatose state. The odor of whisky was very marked. Examination of the matter ejected showed it to contain blood and mucus.

A few drops of chloroform with cold water were given, and a cold pack placed over the epigastrium to check the vomiting. The following powders were given to quiet the stomach and to move the bowel:

℞ Calomel, gr. viij.  
Podophyllin, gr. ij.  
Subnitrate of bismuth, gr. xij.  
Bicarbonate of soda, gr. iv.

M. Pulvis, No. 4. Sig. Dose, one powder every hour.

The father, mother and wife of the patient gave the following history:

"For the last five years the patient has been drinking whisky, and for the last two years, in particular, he has been drinking too much. Last October he had an attack somewhat like this, but recovered in about one week.

"His general health has always been good. He has been drinking too much every day for a week now—keeping his whisky in the shop. He was well this morning. Worked in the shop until noon. Ate a hearty dinner, but was taken sick soon after eating and in a short time began to vomit."

Called again at 5 P. M. Found him quiet, but suffering. Left some Dover's powders to be given during the night if necessary.

At 2 A. M., March 31, was called again. Found him excited and suffering very much. Quick pulse and slight elevation of temperature. Gave him hypodermatic injection:

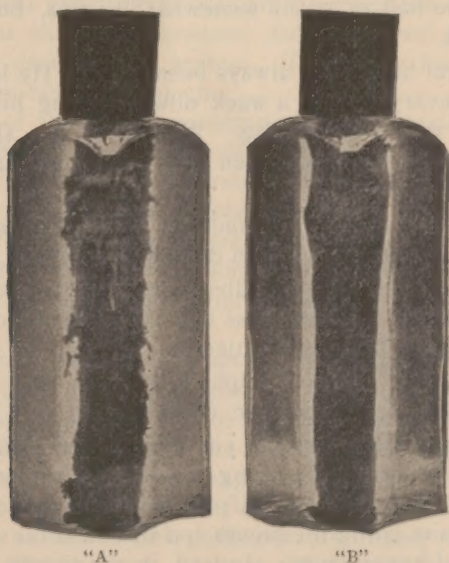
℞ Morph. sulph., gr.  $\frac{1}{4}$ .  
Atropin, gr. 1-150.

His wife gave history of his vomiting at irregular periods until 10 P. M., after which time nothing would pass either up or down. Impossible to swallow water. Upon careful inspection the whole mucous membrane lining the mouth and throat as far as could be seen was in a state of hypertrophy. Indeed, it was simply cooked. (Pardon the use of the word, cooked; but it expresses the condition.) The stomach, also, was in a state of inflammation. What was to be done?

Internal medication and alimentation was out of the question. Recognizing the emergency of the case, I determined, if possible, to dissolve the mucus about the affected parts, and to attempt to reduce the edema of the membranes.

The nose and throat, therefore, were sprayed every twenty minutes for awhile with Hydrozone and a 20 per cent. solution of the same used as a gargle every hour, until he could swallow water, which required forty hours. An enema of warm soap-water was given and repeated, which produced a soft stool; and he expressed himself as feeling better.

The spraying of nose and throat, together with the gargle, also the enema, were continued every day. The inability of the patient to swallow made alimentation by the stomach impossible, to say nothing of the inability of the stomach to perform the work of digestion. Boiled milk and warm soups were regularly given in small quantities by the rectum.



Photograph of the mucous membrane expelled from the Esophagus of Ely. Cut "A" illustrates the ragged surface of the membrane as torn from the muscular coat of the tube.

Cut "B" illustrates the smooth surface of the same membrane over which food was passed, the membrane being turned inside out, just as when expelled. The size of these cuts are two-thirds of the natural size of the Esophagus. The cardiac end of the membrane being at the bottom of the cut in each case.



On the morning of April 7, the whole lining membrane of the esophagus was expelled in the attempt to vomit. The membrane was neither broken nor perforated; but was turned inside out. I have preserved the specimen in an alcoholic solution; and take pleasure in presenting it herewith for your inspection and examination.

There was some fever most of the time. The temperature running up as high as 102. The pulse varied from normal to 90, and a few times went up to 100.

The general condition of the patient was fairly good—indeed, much better than could have been expected.

There was very little headache, but a lancinating pain in the left hypogastric region was greatly accelerated by coughing, and there was more or less tendency to cough during the first week.

I might state here parenthetically that, in my judgment, the trouble in the side had no connection with the condition of the mouth, throat and stomach; but, on the contrary, was entirely and wholly independent of it.

The history given of the case showed the last named trouble to have been produced some five years ago by prolonged arduous labor in which the abdominal muscles were in a constant strain for hours. Since which time the trouble has returned at different periods; and almost invariably following protracted, or great straining of the muscles in that region. The treatment given was palliative.

The odor coming from the mouth of the patient was offensive from the first, and continued to grow more and more offensive until after the expulsion of the membrane.

The kidneys performed their work admirably well. The stools which followed the enemata of warm water were rather soft and of a greenish color.

There were no hallucinations, no delirium; and for the most part sleep was good.

To prevent septicemia, to assist nature in the work of reconstruction, as well as to counteract any miasmatic influence that might be present the following preparation was given:

℞ Quininæ sulphatis, ʒ ij.  
Acidi sulphurici aromatici, cc. v.  
Aquæ camphoræ,  
Aquæ destillatæ, aa, ʒ ij.

M. Sig. One dessertspoonful every two hours, being alternated

by half drachm doses of Hydrozone, 20 per cent. solution, given in a third of a glass of water.

Gradually, but slowly, the condition of the patient grew better, with the exception of one day, at which time he had no Hydrozone. The other medicine "Would not work without the gargle," as he expressed it; "But worked well together."

Immediately after resuming the use of Hydrozone he began to feel better. Saw him April 9th. Found him in good condition. Pulse and temperature normal. Expressed himself as feeling very well.

He had been sitting up most of the time for several days. I recommended that the treatment should be continued for some time.

A week later his wife called at my office stating that she thought he was doing very well. Since which time I have had no official report from the case.

My candid opinion is, that of all the agents used, the one to which he owes the preservation of his life during the first seven days of the attack is Hydrozone.

CASE III.—Bennie, little boy, aged 9 years, orphan, German, was brought to my office May 20. Had diarrhœa which had become chronic. Also had intermittent fever—mild form. He was very much reduced in flesh and emaciated.

Various and numerous agents from the list of ordinary remedies were used during the four succeeding days; but the diarrhœa was growing worse rather than better. The stools became very numerous, the actions amounting to ten or twelve at night with as many more during the day. The malarial fever received appropriate treatment and was readily subdued.

May 26 I planned a new treatment. The patient was thoroughly sponged from head to foot once a day with tepid alkaline water. The bowel was washed out *clean* morning and evening with soap-water, just warm enough to be comfortable to the patient. After the bowel was washed out, 2 ounces of starch water containing 2 drachms of Glycozone was thrown into the rectum, and left to be absorbed. The internal treatment consisted of a milk diet, fresh water to drink impregnated with Hydrozone, and dessertspoonful doses of Glycozone taken every two hours during the day in a wineglassful of fresh water.

Improvement began with this treatment. The skin and bowel were kept thoroughly cleansed every day as well as medicated, the



bowel being irrigated twice each day. June 4, the child was reported well. His general health is rapidly improving.

Good or bad, this treatment is purely original with me.

What effected the cure? My answer is this:

1. Removing the cause. This was done by abstinence from all solid food. Aliment was restricted to small quantities of pure, fresh milk, beef and chicken soups, given at regular periods.
2. By cleansing the affected parts, as before stated.
3. By healing the wound. This was done by the use of Glycozone, which I have found to be one of the most reliable and rapidly-healing agents that I have yet used. The Hydrozone was used as a disinfecting agent.

May we not reasonably expect that during the remainder of the present decade, and for all time to come, internal as well as external cleanliness shall be to suffering humanity a boon—an heavenly unction.

NOTE.—I have, for some time, substituted Hydrozone in my practice instead of Peroxide of Hydrogen as formerly used.

Hydrozone is "double strength" hydrogen peroxide—so to speak. In other words, it has twice the bactericide power, and, therefore, requires only one-half the quantity to accomplish the same results.

It is not disagreeable to the patient when taken internally, if well diluted with pure fresh water.







